REMARKS

This is in response to the Office Action dated January 24, 2008 issued for the above-identified patent application. That Office Action was made final. The period for response has been extended by one (1) month to May 24, 2008 by the enclosed Petition for Extension of Time. Applicants have filed herewith a Request for Continued Examination. Claims 1-41 are pending in the application. Claims 14-41 have been withdrawn from consideration. Claims 1-13 have been rejected. Claim 1 has been amended to indicate that the Tranilast is administered directly onto tissue at a surgical site within an internal body cavity.

Claims 1 – 13 were provisionally rejected under 35 USC §101 as claiming the same invention as that of claims 1 – 13 in co-pending Application No. 10/797,367.

The provisional double patenting rejection of claims 1 – 13 under 35 USC §101 as claiming the same invention as that of claims 1 – 13 in co-pending Application No. 10/797,367 is respectfully traversed.

Applicants respectfully submit that since co-pending Application No. 10/797,367 has not issued as a patent, there can be no double patenting under 35 USC §101.

Accordingly, the Examiner is respectfully requested to withdraw this rejection.

Claims 1 – 13 were rejected on the basis of nonstatutory obviousness-type double patenting being unpatentable over claims 1 – 13 of copending Application No. 10/780,452 in view of Chandrasekar, et al., "Platelets and Restenosis," 35(2) Journal of the American College of Cardiology 555-562 (2000) and Miyazawa, et al., "Effects of pemirolast and tranilast on intimal thickening after arterial injury in the rat" 30(2) Journal of Cardiovascular Pharmacology (Aug. 1997 abstract).

The rejection of claims 1 – 13 were rejected on the basis of nonstatutory obviousness-type double patenting being unpatentable over claims 1 – 13 of co-pending Application No. 10/780,452 is respectfully traversed. Applicants have submitted herewith a Terminal Disclaimer disclaiming the term of any patent that issues on the present application over a patent that may issue on co-pending Patent Application Serial No. 10/780,452.

Accordingly, the Examiner is respectfully requested to withdraw this rejection.

Claims 1 – 5 and 7 – 13 were rejected under 35 USC §102(b) as anticipated by or, in the alternative, under 35 USC 103(a) as obvious over Adachi, et al., "The Prevention of Postoperative Intrapritoneal Adhesions by Tranilast" N-(3',4'-dimethoxycinnanoyl) Anthranilic Acid".

The rejection of claims 1 – 5 and 7 – 13 under 35 USC §102(b) as anticipated by or, in the alternative, under 35 USC 103(a) as obvious over Adachi, et al., "The Prevention of Postoperative Intrapritoneal Adhesions by Tranilast" N-(3',4'-dimethoxycinnanoyl) Anthranilic Acid" is respectfully traversed.

Applicant's invention is directed to a method of preventing or substantially eliminating surgical adhesions by directly applying Tranilast onto a tissue at a surgical site within an internal body cavity such as the abdominal and thoracic cavities. Adachi et al. disclose the use of systemic dosing of Tranilast in a rat model. The experimental results indicate some degree of adhesion prevention. Adachi et al. neither disclose nor suggest direct application of therapeutically effective dosages of Tranilast onto tissue within an internal cavity at a surgical site to prevent or substantially eliminate the occurrence of adhesions. It is generally recognized that a rabbit model is more indicative of the applicability of a therapeutic agent for adhesion prevention in humans than a rat model. Example 3 contains a study using a rabbit model comparing systemic administration of Tranilast to direct application onto tissue at a surgical site in an internal

body cavity. The test results in the example show that, contrary to the teachings of Adachi et al., and surprisingly and unexpectedly, systemic administration had no effect on adhesion formation, while administration of Tranilast directly to tissue at a surgical site in an internal body cavity using the method of the present invention significantly reduced or eliminated adhesion formation.

Accordingly, the Examiner is respectfully requested to withdraw this rejection.

Claims 1 - 13 were rejected under 35 USC §103(a) as being unpatentable over Adachi et al. in view of Hanson (U.S. Patent No. 6,376,242).

The rejection of claims 1 - 13 under 35 USC §103(a) as being unpatentable over Adachi et al. in view of Hanson (U.S. Patent No. 6,376,242) is respectfully traversed.

As mentioned above, Adachi et al. disclose the use of systemic dosing of Tranilast in a rat model. The experimental results indicate some degree of adhesion prevention. Adachi et al. neither disclose nor suggest direct application of therapeutically effective dosages of Tranilast onto tissue within an internal cavity at a surgical site to prevent or substantially eliminate the occurrence of adhesions. Hanson discloses a method for treating a subject to inhibit a vaso-occlusive event, and does not contemplate the prevention of surgical adhesions. The combination of Hanson and Adachi et al. neither discloses nor suggests Applicants' invention. In addition, the Examiner has pointed to no teaching that suggests the desirability of combining the references, and such a combination would not produce Applicants' invention.

Accordingly, the Examiner is respectfully requested to withdraw this rejection.

Therefore, on the basis of the foregoing discussion, the Examiner is respectfully requested to make the amendments to the claims of record, to withdraw his rejections, and allow the claims as amended.

Respectfully submitted,

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